

## THIS ISSUE

### Coverage Decisions (November 2003 to March 2004)

**TO:**

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Chiropractors  
Neurologists  
Neurological Surgeons  
Occupational Medicine Physicians  
Orthopedic Surgeons  
Physical & Rehab Medicine Physicians  
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## Purpose

This Provider Bulletin describes policies currently in effect for State Fund and Self-Insurance claims in all locations:

- Noncoverage of Electrodiagnostic Sensory Nerve Conduction Threshold Testing
- Noncoverage of Extracorporeal Shockwave Therapy
- Noncoverage of Percutaneous Discectomy for Disc Herniation
- Noncoverage of Percutaneous Neuromodulation Therapy (PNT)
- Coverage of MedX Lumbar Extension Machine

## Electrodiagnostic Sensory Nerve Conduction Threshold Testing

### What is Electrodiagnostic Sensory Nerve Conduction Threshold (sNCT) testing?

Sensory Nerve Conduction Threshold (sNCT) testing evaluates a variety of sensory neuropathological conditions, including sensory nerve dysfunction. The test is intended to detect and quantify sensory neuropathies by assessing the conduction of all 3 major sub-populations of sensory nerve fibers.

Technicians conduct the non-invasive sNCT test, which is performed by applying surface electrodes on the patient's skin. Three electrical stimuli are applied to a peripheral nerve to assess the integrity of the three sensory nerve fiber types. High sNCT measures reportedly indicate a loss of nerve conduction, while low sNCT indicates an inflamed, irritated, or regenerating nerve.

sNCT is not equivalent to nerve conduction studies (NCS), which measure action potentials resulting from peripheral nerve stimulation.

Currently, there is only one sNCT device on the market, the Current Perception Threshold (CPT) by Neurotron.

### Is sNCT a covered test?

Sensory nerve conduction threshold testing by Neurotron's device is not a covered test. Scientific evidence does not substantially demonstrate the use of sNCT to diagnose sensory neuropathies.

For more information, please see

<http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=25>.

## **Extracorporeal Shockwave Therapy**

### **What is Extracorporeal Shockwave Therapy (ESWT) for musculoskeletal indications?**

ESWT uses electrohydraulic or electromagnetic technology to generate shockwaves. ESWT devices are intended to direct the shockwaves at tissues to initiate:

- structural changes on tissue,
- stimulation of bone growth,
- stimulation of the regenerative process in tissue, or
- structural changes in calcium deposits followed by reabsorption of the calcium by the body.

Although the precise mechanism of action is unknown, theories suggest that ESWT may facilitate the neovascularization process, cause a hyperstimulation analgesic effect, or stimulate osteoblast activation.

### **Is ESWT a covered therapy?**

ESWT is not a covered therapy for any indication, including:

1. plantar fasciitis
2. lateral epicondylitis
3. shoulder tendinitis
4. delayed union of fractures or fracture nonunions

Following an initial review of ESWT in January 2003, the department made a noncoverage decision. This updated March 2004 review of published literature on ESWT does not substantially show the therapy's effectiveness for treating plantar fasciitis or lateral epicondylitis. Therefore, ESWT is considered controversial for these indications. In addition, the Food and Drug Administration (FDA) has not approved ESWT devices to treat shoulder tendinopathies or fractures.

## **Percutaneous Discectomy**

### **What is percutaneous discectomy for disc herniation?**

Percutaneous discectomy is a class of minimally invasive surgical procedures that treat contained, herniated discs. Specific procedures within the class include manual percutaneous lumbar discectomy, automated percutaneous lumbar discectomy (APLD), laser discectomy, and Nucleoplasty.

Manual discectomy removes disc material with forceps whereas APLD removes disc material with a suction cutting probe. Laser discectomy uses laser energy transformed into heat to vaporize disc tissue. Finally, Nucleoplasty uses radiofrequency energy to break molecular bonds within tissue, creating small channels in the disc.

### **Is percutaneous discectomy covered?**

Percutaneous discectomies are noncovered procedures, including:

1. automated percutaneous lumbar discectomy
2. percutaneous laser discectomy
3. Nucleoplasty

Automated percutaneous lumbar discectomy is considered controversial because scientific evidence does not show its efficacy over conventional discectomy. Due to the lack of quality studies with comparison groups, laser percutaneous discectomy and nucleoplasty are considered investigational.

### **What are the exceptions to the noncoverage policy?**

Manual percutaneous lumbar discectomy may be considered for coverage because the evidence suggests outcomes similar to conventional discectomy. Patients must meet the department's current guidelines for lumbar discectomy.

Physicians treating workers with State Fund claims must seek prior authorization for manual percutaneous lumbar discectomy (CPT 62287) through the department's utilization review vendor, Qualis Health. Qualis Health may be contacted at (800) 541-2894 or (206) 366-3360.

## **Percutaneous Neuromodulation Therapy (PNT)**

### **What is Percutaneous Neuromodulation Therapy (PNT) for low back pain?**

Percutaneous Neuromodulation Therapy (PNT), also known as percutaneous electrical nerve stimulation (PENS), is a procedure intended to relieve and manage chronic or intractable low back pain (LBP). PNT uses non-implantable needles positioned in the soft tissues or muscles to stimulate peripheral sensory nerves with electricity.

### **Is PNT a covered therapy?**

At this time, PNT is not a covered therapy because it is considered investigational. Due to the lack of controlled trials in published literature, the effectiveness of this therapy has not been substantially established.

## **MedX Lumbar Extension Machine**

### **What is the MedX Lumbar Extension Machine?**

The MedX lumbar extension machine is a device intended to address low back pain by developing spinal muscle strength through a stabilization system that isolates specific muscle groups. The MedX includes an upper thigh restraining belt and femur restraint pads that prevent vertical movement of the thighs or pelvis. Moving the footrest forward exerts a force along the legs. This force pushes the pelvis back against a lumbar pad. In this manner, the lower extremities anchor the pelvis against the pelvic restraint to prevent pelvic rotation. Stabilizing the pelvis may isolate the lumbar extensor muscles by eliminating the contribution of the muscles that rotate the pelvis backward.

The MedX may also be used as a diagnostic tool to measure voluntary isometric torque of the lumbar extensor muscles at 7 positions through a 72° ROM. The 7 positions are 72, 60, 48, 36, 24, 12, and 0° of lumbar flexion.

### **Is use of MedX covered for the treatment of low back pain and for diagnostic evaluations?**

MedX is covered when used to strengthen extensor muscles for the treatment of low back pain. MedX is also covered when used in diagnosing patient strength and ROM.

### **What does scientific evidence suggest regarding MedX?**

The evidence suggests that MedX may help to increase lumbar muscle strength. However, studies do not clearly show MedX's efficacy over other exercise programs.

When MedX is used as a diagnostic tool, one study shows that MedX measurements correlate to measurements from liquid inclinometers.

### **Which provider types may be reimbursed for MedX evaluation and treatment?**

The State fund or self-insured employer may reimburse practitioners who provide physical medicine services and whose scope of practice includes the use of MedX.

### **What type of documentation should a provider submit regarding progress with MedX?**

Physical and occupational therapy providers must submit daily treatment notes and progress reports. Progress reports must include all of the following:

- An outline of the proposed treatment plan
- Objective, measurable goals, including objective documentation of progress since the last report
- Expected length of treatment

### **What are the appropriate billing codes to use when requesting reimbursement for MedX?**

<b>CPT Code</b>	<b>Description</b>
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
97001	Physical therapy evaluation
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

## **Additional Resources**

For more information about Physical and Occupational Therapy, please see Provider Update 03-02 at <http://www.lni.wa.gov/ClaimsInsurance/Files/Providers/ProvBulletins/PbFiles/PB0302.pdf>

For more information about the technology assessments for these therapies, please see <http://www.lni.wa.gov/ClaimsInsurance/Providers/TreatmentGuidelines/Covered/default.asp>.